

INTERDISTRICT PUBLIC SCHOOL CHOICE
APPLICATION FOR ENROLLMENT IN A CHOICE DISTRICT
(SAMPLE)

To be completed by the parent or legal guardian:

Name of Student Applicant: _____

Street Address: _____

City: _____ Zip: _____

County: _____

Phone Number: _____

Please identify the following for which the student is applying:

_____	_____
Choice District	School

_____	_____
Class/Grade Level	Program if applicable

District of Residence: _____

A notice of intent to participate in the school choice program was provided to the district of residence by [**first cycle: November 3, 2003**] [**second cycle: March 3, 2004**]

SIGN: _____
Signature of Parent or Guardian

PRINT: _____
Name of Parent or Guardian

DATE: _____

If the district of residence has provided written notification that the student may participate in the school choice program, please attach the notification to this application.

Due to choice district by [first cycle: December 5, 2003] [second cycle: April 7, 2004]